



INITIAL CONSENT FOR SPECIAL EDUCATION SERVICES

Consent for Special Education (92 NAC 51-009.08B1)

Child's Name: _____ Child's Date of Birth: _____

I have received a copy of the Notice for the provision of special education services for my child. I understand the content of the Notice and **give consent** for special education services for my child. I understand this consent is voluntary and may be revoked at any time. (92 NAC 51-009.08B4)

Signature of Parent*

Date of Signature

Signature of Parent

Date of Signature

*Need only one parent signature

Do Not Give Consent for Special Education (92 NAC 51-009.08B1)

Child's Name: _____ Child's Date of Birth: _____

I have received a copy of the Notice for the provision of special education services for my child. I understand the content of the Notice and **do not give consent** for special education services for my child. I understand this consent is voluntary and may be revoked at any time.
(92 NAC 51-009.08B4)

Signature of Parent*

Date of Signature

Signature of Parent

Date of Signature

*Need only one parent signature